and allow my petition

enalty of perjury the forgoing is true and correct and

William Kirkpatrick Jr

C-41406

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William Kerre patrick Jim C-aluse Sam Cuentin Ca ayayy

8-14-08

N. district court

. Re: authorization to solve filing tee.

. Dear Clerk,

This is a termal authorization but the court to seize whatever it requires but the tiling tree at my petition to determ and injunction against the calibratic attender general-on a colice.

I would like it noted please, that I've made every ethert

It could to produce their bounds from my security housing whit

I Sitius white cells.

.. To me avail! This is a constant with sanguentin when E .. try to make headway with my appeal or any legal action. .. Plane tell me when you receive this - the boads

.. P.S. - Ein surry, also attached is a CDCR 193 to

William Kirkpatrick Ja C-91406

C-91406 2-016-2

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ale conserves

Rei Release et Cardo. 85 00 to N. d. st co har legal Fre

Deer Condemned commiders. Attucked please fine;

1- CDCR. Trust occurs withdrawar order from a signed. 1 - Stamped enverge addressed to the "Creek, U.S. Dist. rich court, 450 Garden Garden ave P. O. Kon Bouldo, S.E Cal, 94102-4680

Places per the 85 = check in the envelope our mail said aucerpa.

your actistance is appreciated.

yours trong. Well Martinte y William leinspatriche Jr 6-91406

DEPARTMENT OF CORRECTIONS

CDC - 193 (1/88)

STATE OF CALIFORNIA

TRUST ACCOUNT WITHDRAWAL ORDER

		Date 8-6- 20 08
To: Warden	Approved	
I hereby request that my Trust A the withdrawal of that sum from	•	for the purpose stated below and authorize
C-91406	-2-4c-2	NAME (Signature please, DO NOT PRINT)
State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase).		PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.
PURPOSE LEGA	L P ostage	NAME N. Dist. ct. of cal
		LI50 Golden Gate Wur
		S. F. calif 94102
		Mr. William Kirkpatrick, Jr.
		PRINT YOUR FULL NAME HERE

CDC - 193 (1/88)

TRUST ACCOUNT WITHDRAWAL ORDER

		Date
To: Warden	Approved	
I hereby request that my Trus the withdrawal of that sum fro		for the purpose stated below and authorize
C-91406	2-016-Z	Male (Signature piedse, DO NOT PRINT)
State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase).		PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.
PURPOSE LEG	AL Poshage	NAME N. Dist et, of cal.
		LI50 Golden Gate ave
		S. F. calif 94102
		Mr. William Kirkpatrick, Jr.
		PRINT YOUR FULL NAME HERE

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Mr William Kirkpatrick Jr PO Box C91406 San Quentin CA 94964

BUSINESS REPLY MAIL

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CV08-3676-VRW SAN FRANCISCO CA 94102-9680 US DISTRICT COURT 450 GOLDEN GATE AVE PO BOX 36060



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